AO 440 (Rev. 06/12) Summons in a Civil Action

UNITED STATES DISTRICT COURT
for the
Southern District of Illinois

TERESA BRAND	)
	)
	)
	)
Plaintiff(s)	)
v.	) Civil Action No. 16-CV-431 (SMY)(DGW)
OTTAWA REGIONAL HOSPITAL & HEALTHCARE CENTER, d/b/a OSF SAINT ELIZABETH MEDICAL CENTER; OTTAWA REGIONAL MEDICAL CENTER, INC.; and OSF HEALTHCARE SYSTEM;	)
Defendant(s)	)

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* OSF Healthcare System
1175 St. Francis Lane
East Peoria, Illinois 61611

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Andrew Rozynski, Esq.
Eisenberg and Baum, LLP
24 Union Square East, Fourth Floor
New York, New York 10003

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: _____   _____
                                        Signature of Clerk or Deputy Clerk

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Civil Action No. 16-CV-431 (SMY)(DGW)

PROOF OF SERVICE
(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for *(name of individual and title, if any)* _____

was received by me on *(date)* _____ .

◻ I personally served the summons on the individual at *(place)* _____

_____ on *(date)* _____ ; or

◻ I left the summons at the individual's residence or usual place of abode with *(name)* _____

_____ , a person of suitable age and discretion who resides there,

on *(date)* _____ , and mailed a copy to the individual's last known address; or

◻ I served the summons on *(name of individual)* _____ , who is

designated by law to accept service of process on behalf of *(name of organization)* _____

_____ on *(date)* _____ ; or

◻ I returned the summons unexecuted because _____ ; or

◻ Other *(specify):*

My fees are $ _____ for travel and $ _____ for services, for a total of $ __0.00__ .

I declare under penalty of perjury that this information is true.

Date: _____   _____
                                        Server's signature

                                        _____
                                        Printed name and title

                                        _____
                                        Server's address

Additional information regarding attempted service, etc: